

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1935**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Trinity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2702 East 27th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? --- years.

8. (a) PRINT FULL NAME Mrs. Ella May Weber

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. John A. Weber 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October 15 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 22 If less than one day hr. min.

9. Birthplace De Kalb County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name David Vance  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Ann Alderson  
15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant M. G. Weber

(b) Address 3853 East 59th St. Kansas City

17. (a) Burial (b) Date thereof May 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 8, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th  
year 1940 hour 9 minute 22 P. M.

21. I hereby certify that I attended the deceased from April 10  
1940 to May 6 1940;  
that I last saw her alive on May 6 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Broncho Pneumonia Duration 3 days

Due to Myocardial Degeneration 3 mo

Due to Arteriosclerotic Cardiovascular 34 years  
renal disease

Other conditions 131  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (2) Means of injury

23. Signature John M. Povera (M. D. or other) M.D.  
Address 8322 1/2 E. 27th St. Date signed 5/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1.5

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. E. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**